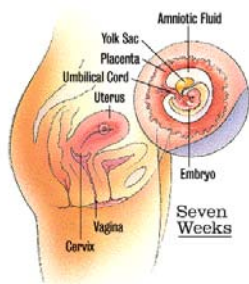


Name _____ Date _____ Period _____

Pregnancy/Trimesters

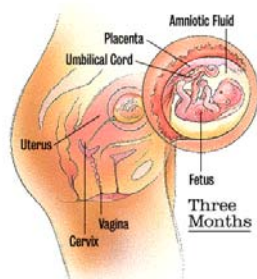
1st Trimester



7 Weeks

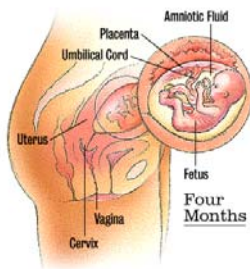


2 months



3 months

2nd Trimester



4 months



5 months



6 months

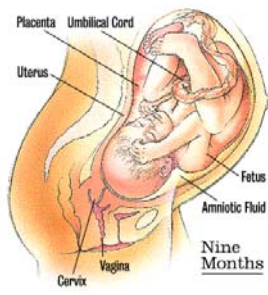
3rd Trimester



7 months



8 months



9 months